

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993  
(Previously Workmen's Compensation Act, 1941)

AFFIDAVIT BY EMPLOYEE

1. I, the undersigned, .....  
of (address) ..... Postal code: .....  
Tel no: (.....).....  
make oath and state:-
2. My I.D. Number is ..... My date of birth is .....
3. (a) I injured my ..... on (date) .....  
whilst in the employ of:- (Name and address of employer) .....
- (b) Description of the accident: .....
- (c) My earnings at the time of the accident was R ..... per week/month.
- \*4. (a) I notified Mr/Ms..... on ..... of the accident.  
(b) I did not notify my employer of the accident because .....
5. I was off duty for the following periods as a result of this accident:  
From ..... to .....  
From ..... to .....
- \*6. (a) I was discharged by my employer on ..... and is presently employed by .....  
Address: .....
- (b) I am still in the employ of my employer.
- \*7. (a) I have received cash advances/earnings of R..... from my employer whilst I was off duty  
for the period..... to .....
- (b) I am unemployed and had no income for the period(s) claimed for at item 5.
8. Remarks.....

SIGNATURE OR RIGHT THUMB PRINT OF EMPLOYEE

1. I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence:
  - (a) Do you know and understand the contents of the declaration? (YES/NO) .....
  - (b) Do you have any objection to taking the prescribed oath? (YES/NO) .....
  - (c) Do you consider the prescribed oath to be binding on your conscience? (YES/NO) .....
2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print was placed in my presence.

.....  
COMMISSIONER OF OATHS

Full name .....

Designation (Rank) ..... Ex Officio Republic of South Africa

Date ..... Place.....

\*DELETE WHERE NOT APPLICABLE